

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK (CENTRAL ISLIP)

-----X
IN RE: GEETA SHUKLA

Case No. 14-74304-las


Debtor
-----X

AFFIDAVIT

SHYAMA P. SHUKLA, undersigned herein, swear as follows:

I'm the non-filing spouse of Geeta Shukla who filed a petition under chapter 13 of the Bankruptcy Code on September 18, 2014. I would like to state that I contribute approximately \$8,297 per month as stated in Debtor's monthly schedule "I" to cover household expenses. I work as insurance agent for New York Life and receive social security retirement payment. From this total earning I contribute approximately \$8,297 per months towards debtor's monthly household expenses. Further, I state that I would contribute the same amount until conclusion of her chapter 13 Bankruptcy.

Dated: December 3, 2014



SHYAMA P. SHUKLA

Sworn to before me this
5TH day of December 2014



Notary Public

HABIB EHSANUL
Notary Public, State of New York
No. 02HA6201408
Qualified in Nassau County
Commission Expires February 23, 2017



Dashboard

Activity Analysis - Current Year

[Expand All](#)

[Collapse All](#)

Agent: SHYAMA P SHUKLA

As Of: 12/02/2014

<input checked="" type="checkbox"/> Credits	95,427.13
<input checked="" type="checkbox"/> Commissions	83,424.12
<input checked="" type="checkbox"/> Expense Allowance	8,643.11
<input checked="" type="checkbox"/> Premium Drawing Nylic	2,303.90
<input checked="" type="checkbox"/> Other Income	1,056.00
<input checked="" type="checkbox"/> Deductions	-41325.59
<input checked="" type="checkbox"/> Tax Withholding	-7,024.13
<input checked="" type="checkbox"/> Group Plan Contributions	-5,125.74
<input checked="" type="checkbox"/> Office Expenses	-3,781.97
<input checked="" type="checkbox"/> Technology Expenses	-1,500.00
<input checked="" type="checkbox"/> Deferred Compensation	-18,953.77
<input checked="" type="checkbox"/> Other Deductions	-4,939.98
<input checked="" type="checkbox"/> Withdrawals	-54,144.45

[Multi-Year View](#)

Date Range:

- Home
- Analyst
- Commission Plan
- Special Deal Arrangements
- Report Downloads
- NYLIC Securities
- Tools
- Findings Tax Details
- Statement Account

Social Security Administration
Retirement, Survivors and Disability Insurance
 Notice of Change in Benefits

Mid-Atlantic Program Service Center
 300 Spring Garden Street
 Philadelphia, Pennsylvania 19123-2992
 Date: November 7, 2014
 Claim Number(s): [REDACTED]



0458382 00458382 1 AT 406 1031M3AJ12PN T1587



SHYAMA P SHUKLA
 PO BOX 74
 ALBERTSON NY 11507-0074

We checked our records to see if any changes in your benefits are necessary.

We increased your benefit amount to give you credit for your 2013 earnings. We did not include these earnings when we figured your benefit amount before.

What We Will Pay And When

- We will send you a payment of \$2,515.00 around December 24, 2014. Part of this payment is the new monthly payment amount of \$2,135.00 for November 2014. This payment also includes money we owe you for the months January 2014 through October 2014 because of the payment increase.
- After that, you will receive \$2,135.00 around the fourth Wednesday of each month.

The monthly payment shown above does not include any future cost of living increase. We will contact you again if there is any increase in your payments.

If You Disagree With The Decision

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.



- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561. You may go to our website at www.socialsecurity.gov/online/ to find the form SSA-561. You can also contact us by phone, mail, or come into an office to request the form. If you need help to fill out the form, we can help you by phone or in person.



Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-758-1318. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
5TH FLOOR
211 STATION RD
MINEOLA, NY 11501

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Carolyn W. Colvin
Acting Commissioner of
Social Security